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CONFIRMATION NO. 9861

SERIAL NUMBER 10/076,192	FILING DATE 02/13/2002 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 435800
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APPLICANTS
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**** CONTINUING DATA *******
THIS APPLICATION IS A CIP OF 09/432,555 11/03/1999 *[Signature]*

**** FOREIGN APPLICATIONS ******* *none [Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 03/07/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials				

ADDRESS
Garrettson Ellis
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TITLE
Set for blood processing

FILING FEE RECEIVED 1034	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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